## Dan Leach Memorial Fund Individual Activity Grant Application

## PERSONAL DATA

(Last)	(First)	(Middle Initial)
Date of birth:	M / F	
Address:		
Phone:	Email:	
Contact name and number	er of person / organization that	referred you to DLMF:
Name of school vou atter	nd:	Grade
* Please include proof	of enrollment from your scho	
summary or similar pro	oof from private school)	
ACTIVITY DATA (please	e note: incomplete application	nc will not be considered)
		iis wiii iiot be considered)
Name of activity / camp	/ course:	·
Name of activity / camp , Date(s):	/ course:	·
	/ course: Location:	
Date(s):	/ course: Location:	ested:
Date(s):Activity cost:	/ course:Location: Amount requ	ested:
Date(s):Activity cost:	/ course:Location: Amount requ	ested:
Date(s):Activity cost:	/ course:Location: Amount requ	ested:
Date(s):Activity cost: Check made out to: Explain in detail why you Grades 6 & up:	/ course:Location: Amount requ	ested:vity:

## FINANCIAL DATA (please note: further information may be requested)

The need for financial assistance is the criteria under which grants from the Dan Leach Memorial Fund are awarded. Our Board of Directors reviews the financial circumstances of every applicant before making a decision and relies on the following to make a wise choice.

Name of Parent / Guardian (s):	
Address (if different from child's)	
Occupation of parent/Guardian #1:	
Employer:	Annual Salary:
Occupation of parent/Guardian #2:	
Employer:	Annual Salary:
Number of adults (18+) residing at the s	same address (including parents/guardians above):
Number of dependent children resid	ling in family:
Please include any additional housel application:	hold or financial circumstances that may pertain to this
By submitting and signing this schol information is correct and factual.	arship application, the undersigned certifies that this
Signature of Parent / Guardi	an Date
Signature of Applicant	 Date
	Administrative Use Only
Amount Granted:	Date distributed:
Check #:	Payable to: